

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5612</u>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Daniel R Walbrun  P.O. Box, Bldg., Room No., if any Suite 103  Street 404 N. Main Street  City Oshkosh  State Wisconsin ZIP Code + 4 54901-4953	4. Name, file number, and address of labor organization.  Name Midwestern Council of Industrial Workers  Labor Organization File Number 542-654  P.O. Box, Building and Room Number, if any Suite 103  Street 404 N. Main Street  City Oshkosh  State Wisconsin ZIP Code + 4 54901-4953
5. Position in labor organization. Executive Secretary Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>W. A. Walbrun</u>	On <u>8/3/2005</u> Date	<u>920 426-2700</u> Telephone Number

Name of Person Filing Daniel Walbrun	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Wisconsin Carpenters Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 4002</p> <p>Street</p> <p>City Eau Claire</p> <p>State Wisconsin ZIP Code + 4 54702</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Attendance at quarterly Trustee meetings and educational seminar such as the International Foundation Conference. (see attached sheet)</p>
	<p>11.b. Approximate dollar value of such dealing. \$2,908</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>







Daniel Walbrun

Attachment to page 2 for Line 11.a.

Wisconsin Carpenters Pension Fund

<u>DATE</u>	<u>PURPOSE</u>	<u>PAYMENTS MADE TO/FOR ME</u>	<u>DESCRIPTION</u>
April 15, 2004	Quarterly Trust Meeting	\$273.25	Mileage, hotel, meal
October 28, 2004	Quarterly Trust Meeting	\$154.31	Mileage, hotel, meal
December 4, 2004	International Foundation Conference, New Orleans	\$2,480.18	Hotel, airfare, cabs, registration & meals
	<b>TOTAL</b>	<b><u>\$2,907.74</u></b>	